New York State Office of Addiction Services and Supports

New York / New York III Rental Assistance Intake Form

Demographics

Last Name: _____ First Name: _____ M.I.: _____

SSN: _____ I.D. Provided: _____ ☐ Not Available

Alias: _____

Age: ____ Date of Birth: _____ Gender: ☐ Male ☐ Female ☐ Transgender ☐ Other

Race: ☐ Alaskan Native ☐ American Indian ☐ Asian
☐ Black or African American ☐ White ☐ Other

If of Hispanic/Latino Origin:
☐ Puerto Rican ☐ Mexican
☐ Dominican ☐ Other Hispanic/Latino ☐ Hispanic, not specified

Preferred Language

☐ Arabic ☐ French ☐ Japanese ☐ Sign Language ☐ Chinese ☐ Greek
☐ Portuguese ☐ Spanish ☐ English ☐ Russian ☐ Hindi ☐ Other

Language spoken: _____ Language Read: _____

Religion/Spiritual Orientation: _____

Veteran: ☐ No ☐ Yes, Dates of service: _____ Type of Discharge: _____

Current Living Situation

☐ In a shelter
☐ On the street/No regular place
☐ Treatment program
☐ In a rooming house/SRO
☐ Hospital
☐ Your own house or apartment
☐ Someone else's house or apartment
☐ Group Residential Setting
☐ Subsidized Housing
☐ Other (specify): _____

How long had you been living there? _____

Can you return? ☐ Yes ☐ No (specify): _____

Did you feel safe in that living situation? ☐ Yes ☐ No (specify): _____

Homeless History (describe):

Do you have H. A. # (Homeless Assistance Number) from a New York City Shelter?

☐ Yes - (enter number): _____ ☐ No ☐ N/A

Marital Status ☐ Never Married ☐ Married ☐ Living as Married
☐ Separated ☐ Divorced ☐ Widowed

Children:

Name	Age	Social Security No.	Living with me	School/Work Information	Disabilities/Special Needs
			☐ Yes ☐ No		
			☐ Yes ☐ No		
			☐ Yes ☐ No		
			☐ Yes ☐ No		

Open ACS Case: ☐ No ☐ Yes Number of children living in foster care: _____

Number of children living with relatives: _____ Number of adult children (over 18): _____

Family re-unification plans in the future (if any): _____

Does the applicant have any child support obligations? ☐ No ☐ Yes (specify below):

New York / New York III Rental Assistance Intake Form

Substance Abuse/Use/History - Use in the last 12 months:

Chemical Dependency & Problematic Use				
☐ No Use ☐ No IV Drug use	**Codes**: **Route of Administration**: 1 = Oral 2 = Smoking 3 = Inhalation 4 = Injection 8 = Other **Frequency**: 1 = 1-3 times/month 2 = 1-2 times/week 3 = 3-6 time/week 4 = Daily			
Alcohol/Chemical	**Admin Route**	**Frequency**	**Age First Use**	**Last Use**

Substance Abuse/Use/History - Use beyond the last 12 months**:**

Chemical Dependency & Problematic Use				
☐ No Use ☐ No IV Drug use	**Codes**: **Route of Administration**: 1 = Oral 2 = Smoking 3 = Inhalation 4 = Injection 8 = Other **Frequency**: 1 = 1-3 times/month 2 = 1-2 times/week 3 = 3-6 time/week 4 = Daily			
Alcohol/Chemical	**Admin Route**	**Frequency**	**Age First Use**	**Last Use**

Symptoms of dependency reported in current or past use description:

Increasing tolerance for alcohol/chemical use? ☐ No ☐ Yes

Drinking alcohol/uses chemicals to relieve/avoid withdrawal? ☐ No ☐ Yes

Spending a lot of time seeking/using/recovering from use? ☐ No ☐ Yes

Use has interfered with social, occupational, or recreational activities? ☐ No ☐ Yes

Has felt an inability to cut down, control, or eliminate use? ☐ No ☐ Yes

Chemical Use Indicators/Risk Factors:

History of Blackouts: ☐ No ☐ Yes Last Occurrence: _____ ☐ Unsure

History of Seizures: ☐ No ☐ Yes Last Occurrence: _____ ☐ Unsure

History of DT's: ☐ No ☐ Yes Last Occurrence: _____ ☐ Unsure

History of Overdose: ☐ No ☐ Yes Last Occurrence: _____ ☐ Unsure

# of OD's: _____ Drugs: _____

Child of Alcoholic/Substance Abuser: ☐ No ☐ COA ☐ COS ☐ Both

Treatment History

Admission Type: ☐ No Prior ☐ Past ☐ Current (***If Past/Current, complete grid starting with recent episode)***

Modality Type: Detox, KEEP, MTP (Methadone Treatment), O.P – Clinic, O.P – Rehab, Residential

Facility/Program	Modality	Dates of Treatment	Outcome

What lead to relapse after past treatment episodes?

Has individual participated in AA, CA, MA, NA or other self-help groups?
☐ No ☐ ***Yes*** - - ☐ Past ☐ Last 30 days
If yes, indicate type of group, frequency, date of last attendance:

Education
Highest level of education:
☐ 8th Grade ☐ 9th Grade ☐ 10th Grade ☐ 11th Grade ☐ High School Diploma
☐ GED ☐ Some College ☐ Bachelors ☐ Graduate ☐ Technical Certificate
☐ Other: _____

Financial Resources
What was applicant's source of income and benefits received prior to incarceration? (Please check all that apply)

Source of Income	Past	Currently Receiving	Application Pending
Salary	☐	☐	☐
Cash assistance (welfare, PA, etc)	☐	☐	☐
SSI / SSDI	☐	☐	☐
Unemployment	☐	☐	☐
Veterans Benefits	☐	☐	☐
None	☐	☐	☐

If received/receiving SSDI, what is the Qualifying Diagnosis?

Employment History
Was applicant employed prior to incarceration? ☐ Yes ☐ No
If yes, what type of employment:
Types of jobs held in the past: _____
Longest length of time employed in one (1) job: _____
Was applicant too young at incarceration to have a formal employment history? ☐ Yes ☐ No

Mental Health History
Mental Health History: ☐No ☐Yes
Diagnoses (please list): _____
Suicidal Ideation: ☐ No ☐ Present ☐ Past
Homicidal Ideation: ☐ No ☐ Present ☐ Past
Ever experienced Hallucinations: ☐ None ☐ Auditory ☐ Visual ☐ Tactile
Ever experienced Delusions: ☐ None ☐ Grandiose ☐ Persecution ☐ Somatic ☐ Other
Psychiatric Medications (if any, please list): _____
Does the applicant report previous medical conditions? ☐ No ☐ Yes
If yes, indicate condition(s), and if treated, provider, date of last visit and medications:

Is this medical condition acute and/or likely to interfere with applicant residing independently?
☐ No ☐ Yes (specify): _____
Has the individual been tested for HIV? ☐ No ☐ Yes – Date: _____ Result: _____
If individual tested positive, are they currently receiving primary medical care? ☐ Yes ☐ No
Related medication(s):

Criminal Justice History (if applicable)

Previous Arrest History/Convictions: (Charge, Year, Dispositions, Time Served, County) [Attach DCJS Criminal History Report or RAP Sheet]

If client has a sex offense on record, is he/she aware of the requirement to register at the local precinct wherever they move and they cannot live in proximity to any school or childcare facility as per Megan's Law?

☐ Yes ☐ No ☐ Education Provided

Charge(s) that resulted in most recent prison/jail term: _____

Length of Sentence: _____ Release Date: _____ ☐ Msd ☐ Felony

Parole or Probation and Conditions: [Attach conditions of release instead if available]

Assigned Parole/Probation Officer: _____

Address: _____ Phone: _____

Length of Parole/Probation: _____ County: _____

Do you understand and agree to sign a consent form for information sharing between parole/probation and the program? ☐ Yes ☐ No

Do you have an attorney? ☐ Yes ☐ No If yes, Name: _____

Phone: _____

Are you willing to sign a consent form to allow the program to contact the attorney if the need arises while you are a resident? ☐ Yes ☐No

Are you currently involved in other civil and/or family legal situations? ☐ No ☐ Yes (specify below):

The Applicant certifies they are aware this program is a Supportive Housing Program with Case Managers who need consents signed for all important contacts and do a minimum of monthly home visits. ☐ Yes ☐ No

---

I certify that all of the information included in this application is true and correct.

Applicant Name: _____

Signature: _____ Date: _____

The following documentation should be included with this form:

- Signed Release of Information form
- HRA 2010e form
- Birth certificate(s) (or verification of birthplace/date from Social Security, proof of application from HSA/DSS for copy of birth certificate, or driver's license)
- Award letter for SSI/SSDI from Social Security Administration, budget from HSA/DSS, or other documentation of income (pay stubs, etc.)

New York / New York III Rental Assistance Intake Form

[For official agency use only]

Is candidate appropriate and eligible for NY/NY III Housing? ☐ **Yes** ☐ **No**

Program type accepted for:
Category F ☐
Category G ☐

Program Admission Date: _____

Agency Staff accepting resident:

_____
(Print Name)

_____
(Signature)